

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA
TRANSCRIPT ORDER FORM

Use one form per court reporter

*****Please read instructions on next page*****

1. ATTORNEY NAME Julie R. Patten		2. PHONE NUMBER 406-657-6101		3. EMAIL ADDRESS (for transcript delivery) marisa.petersen@usdoj.gov			
4. MAILING ADDRESS (including law firm name, if applicable) U.S. Attorney's Office 2601 Second Avenue North, Suite 3200 Billings, MT 59101		5. NAME & ROLE OF PARTY REPRESENTED: If not a party, use non-party request form. United States of America, Plaintiff					
		6. CASE NAME U.S. v. Jaren Michael Stennerson					
		7. DISTRICT COURT CASE NUMBER CR 22-139-BLG-SPW					
8. COURT REPORTER NAME: Use a separate form for each court reporter. K. Marchwick		9. COURT OF APPEALS CASE NUMBER (if applicable) CA 23-1439					
10. THIS TRANSCRIPT ORDER IS FOR:							
<input checked="checked" type="checkbox"/> APPEAL		<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CJA (AUTH-24 filed in e-voucher)		<input type="checkbox"/> IN FORMA PAUPERIS (court order attached)	
11. TRANSCRIPT REQUESTED: For each transcript requested, please specify the date of the proceeding, the proceeding or partial proceeding requested, the transcript format, and the delivery time. Financial arrangements must be made with the court reporter before transcript is prepared.							
DATE	PROCEEDING If requesting a partial proceeding, specify portion (e.g., witness or time).	PAPER Full Size	PAPER A-Z Word Index	E-MAIL PDF	E-MAIL ASCII	E-MAIL A-Z Word Index	DELIVERY TIME
7/12/2023	Sentencing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="checked" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 day
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day
12. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:							
13. SIGNATURE s\ Julie R. Patten				14. DATE 12/20/2023			